

REMARKS/ARGUMENTS

This is a Preliminary Amendment for the RCE application filed on eventdate herewith. This amendment is responsive to the Office Action of December 11, 2006. The period for response has been extended by one (1) month to April 11, 2007 by the enclosed Petition for Extension of Time.

Applicants have amended claim 1 to more particularly point out their invention by inserting the limitation that their cross-pin for use in ACL reconstructive surgery has a tunnel, which has a passage, wherein the passage is in communication with the proximal guide wire opening at one end and the trough at the other end. Support for this amendment is found in the Specification and Drawings.

In the previously mentioned Office Action, the Examiner rejected claims 1-3, 5 and 7-9 under 35 U.S.C. 102(b) as being anticipated by Lee et al. (US Patent 5,480,403).

The rejection of claims 1-3, 5 and 7-9 under 35 U.S.C. 102(b) as being anticipated by Lee et al. (US Patent 5,480,403) is respectfully traversed.

Applicants respectfully submit that Lee et al. neither disclose nor suggest Applicants' claimed invention directed toward a cross-pin useful in ACL reconstructive surgery. Applicants have amended claim 1 to indicate that their cross-pin has a tunnel having a passage, wherein the passage is in communication on the distal end with a guide wire opening and on its proximal end with the trough. Lee et al. disclose a two-piece suture anchor having a rivet and a mating pin for insertion into the rivet in order to expand the rivet. The pin of FIGS. 15-18 has a plurality of slots in the surface of the pin, which extend from the proximal end to the distal end. At the distal end of the pin, the slots extend into the nose section to "divide the tip into four clover leaf type sections which each have a proximal abutment section 316". Lee et al. do not disclose a cross-pin having a tunnel with a passage that communicates with a trough and with a guide wire opening. It would not be possible to use the pin of Lee et al. as a cross-pin in an ACL reconstruction. The pin of Lee et al. could not be threaded with a guide wire. The pin of Lee et al. is one component of a two-component rivet-type suture anchor. Lee et al. do not disclose or contemplate Applicants' cross-pin having a trough, a distal guide wire opening, and a distal tunnel having a passage in communication

with the guide wire opening and the trough, such that the pin can be threaded onto a guidewire and used in an ACL reconstruction surgical procedure.

On the basis of the foregoing discussion, the Examiner is respectfully requested to make the amendments to the claims of record, to withdraw his rejection, and allow the claims as amended.

Respectfully submitted,

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Docket No. MIT5038USNP
March 27, 2007